STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 2 0 2017

PLEASE PRINT

1. Name of Lobbyist(PLEASE PRINT S) Stedhan	, foscir i		NEW HAMPSHIRE DEPARTMENT OF STATE
, ,	s partnership, firm or corpo	ration, if any:		
(Nar	ne of partnership, firm or corpora	tion)		
Business Address: (St	reet) (To	own/City)	(State)	(Zip Code)
()(Telephone)	()	(Fax)	e-mail	
	overs: (Choose one – file separations which are not at			file a separate report for
•	sactions occurring in the mon	•		following client:
- Amoria	(Full Name of Client as it appe	STRY CO	incil	
<u>OR</u>	`			
☐ All reportable trans unrelated to any partic	actions by the lobbyist (includual client.	ding the lobbyist's fan	ily), or the lobbying f	irm listed below which are
IV. Date of Report Reports cover: activ	April 26, 2017 tity from date of registration to 3.		aly 26, 2017	
	October 25, 2017 activity from 7/1/17 to 9/30/17		nuary 31, 2018 <i>From 10/1/17 to 12/31/17</i>	7
	no fees received and no is complete just this form and su			
	al reports are attached:			
-	ed fees or made expenditures, n honorarium or reimbursed e			
Expense Reimbursem	ent			
☐ If you, your firm,	or your family has made polit	ical contributions, you	must file Addendum	C- Political Contributions
I have read RSA 15, F	Firmation by Lobbyist USA 15-B, RSA 14-C and RSA est of my knowledge and belie		r or affirm that the for (Date)	
(Print Name of lobby	typour 10	-		